Surname (Last Name)* Gender* M / F Telephone No.* Genders* CLINICIAN INFORMATION Doctor in charge Hospital I want to apply / renew* membership with the Association as: An ordinary member (annual subscription SGD15.00) A tiffe member (one time fee of SGD100.00) A corporate member (annual subscription SGD500.00) Supplementary member (annual subscription SGD500.00) Supplementary member (annual subscription SGD500.00) Given Name (First Name)* Date of Birth* Date		MEMBERSHIP APPLICATION	FORM
NRIC / Passport No.* Gender* M / F Telephone No.* Address* CLINICIAN INFORMATION Doctor in charge Hospital I want to apply / renew* membership with the Association as: An ordinary member (annual subscription SGD15.00) A corporate member (annual subscription SGD15.00) A corporate member (annual subscription SGD500.00) Supplementary member (annual subscription SGD500.00) Supplementary member (annual subscription SGD500.00) Supplementary member (annual subscription SGD5.00) - Only for spouse/family member SPOUSE/FAMILY INFORMATION Surname (Last Name)* Given Name (First Name)* Date of Birth* M / F Relationship NRIC / Passport No.* Gender* M / F Relationship DONATION I wish to donate SGD to the Lupus Assocation Singapore. (donations above SGD20.00 are tax-exempted) Cash Cheque No.: Cheque No.: Cheque No.: Cheque Smust be crossed and made payable to: Lupus Assocation (Singapore) Bank transfer DBS 024-006536-7 DONOR INFORMATION Name or Company Name (Mr/Mrs/Mdm/Ms/Dr) Address	PERSONAL INFORMATIOI	N	* Item must be filled +To delete accordingly
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INDIC/NOD/NOC NO. TELEPHONE NO. EMAIL	NRIC/ROB/ROC No.	Telephone No.	Email

Please return this form with the cheque (if applicable) to Lupus Association (S), Towner Road P.O. Box 460. Singapore 322101. For more information, please call 6254 9130 (12pm-5pm, Mon-Fri) or send us an e-mail at enquiry@e-lupus.org. Visit us @ http://www.e-lupus.org.